

Request for Premium Payments through the Optional Retirement Plan (ORP) Unused Sick Leave Program

Purpose of the Form

• ORP Members use this form to direct PERSI to pay insurance premiums through the unused sick leave program.

Instructions

- Fill out this form including signature and date.
- Attach a letter from the ORP administrator (or the administrator can email it directly to PERSI) stating the effective date you started receiving a retirement benefit and the amount of the monthly benefit.

ORP Member Information

• Send this form with attached administrator letter to PERSI.

Name				Social Security Number				
First		Middle	Last					
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	Street or P.O. Box							
Mailing								
Address	City			State		Zip Code		
Daytime Phone Number				Date of Birth				
Area Code Phone Number				Month	¦ Day	,	Year	
				!				
ORP Member Eligibility Information								
To be eligible to participate in this program, you must be receiving monthly retirement benefits from an Optional Retirement Plan. Also, your unreduced Regular Retirement Allowance must equal or exceed the single retiree premium rate in effect on the date your insurance coverage becomes effective, or you must have ten (10) or more years (20,800 or more hours) of credited state service.								
Credited State Service Mor					Monthly Retirement Benefit			
I have at least 20,800 hours of credited State service.				I currently re	I currently receive a monthly retirement benefit.			
□ Yes □ No				□ Yes [□ Yes □ No			
Amount of your unreduced regular retirement								
allowance?			If yes above, date yo		u began receiving benefits:			
\$				Month	Month Da		Year	
Member Acknowledgement								
I understa	nd that once the bala	nce of my unus	sed sick le	ave credit is insu	fficient to i	make a full mo	nthly premium	
payment, a partial payment will be made to the insurance company, and the remainder of the balance will be billed								
	urance company to me	e directly, or to	o my ORP.	_				
Signature	;		Date	Date				

